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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2008</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |            | Docket Number (Optional)<br><b>027483-000100US</b> |               |
| Application Number 10/823,353   |            | Filed April 13, 2004                               |               |
| For SAME PLANE MULTIPLE THERMOELECTRIC MOUNTING SYSTEM  |            |  |               |
| Art Unit 1795   |            | Examiner Hall, Asha J.                             |               |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |            |  |               |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                            |               |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60   | \$ _____      |
| <input checked="" type="checkbox"/> <b>Two months</b> (37 CFR 1.17(a)(2))   | \$460      | <b>\$230</b>                                       | <b>\$ 230</b> |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1050     | \$525  | \$ _____      |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1640     | \$820  | \$ _____      |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2230     | \$1115   | \$ _____      |
| <input checked="" type="checkbox"/> <b>Applicant claims small entity status.</b> See 37 CFR 1.27.   |            |  |               |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |  |               |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |  |               |
| <input checked="" type="checkbox"/> <b>The Director has already been authorized to charge fees in this application to a Deposit Account.</b>  |            |  |               |
| <input checked="" type="checkbox"/> <b>The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u>.</b>   |            |  |               |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>   |            |  |               |
| I am the <input type="checkbox"/> applicant/inventor.   |            |  |               |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  |            |  |               |
| <input checked="" type="checkbox"/> <b>attorney or agent of record. Registration Number <u>58,696</u></b>   |            |  |               |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |            |  |               |
| <br>_____<br>Signature   |            | July 7, 2008<br>_____<br>Date                      |               |
| Matthew T. Sarles, Reg. No. 58,696<br>_____<br>Typed or printed name  |            | (303) 571-4000<br>_____<br>Telephone Number        |               |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |            |  |               |
| <input type="checkbox"/> Total of _____ forms are submitted.  |            |  |               |